

Incident Report

Print Date/Time: 02/11/2016 09:34

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00002633

Incident Date/Time: 2/8/2016 4:09:57 PM

Location: MARKET PL / SR 9 NE

LAKE STEVENS WA 98258

Phone Number: (425) 367-2264

Report Required: No Prior Hazards: No

LE Case Number:

Incident Type: Collision

Venue: Lake Stevens

 Source:
 911

 Priority:
 2

 Status:
 2

Nature of Call:

Unit/Personnel

Unit Personnel

19D3 SS0135-Parnell

Person(s)

No. Role Name Address Phone Race Sex DOB

1 Reporting Party SUMMERS, MELVIN

Vehicle(s)

Role Type Year Make Model Color License State

Disposition(s)

Disposition Count

R 1

Property

Date Code Type Make Model Description Tag No. Item No.

CAD Narrative

02/08/2016: 16:20:57 SP0320 Narrative: RUNNING VEH IS SIL TK

02/08/2016: 16:20:33 SP0320 Narrative: FOG LIGHTS ACROSS RADIATOR, FRONT END IS MISSING

02/08/2016: 16:12:13 SP0181 Narrative: RL/181

02/08/2016: 16:11:53 SP0181 Narrative: CONTACT RP AT BECU ATM NEAR COUNTRY MARKET

02/08/2016: 16:11:07 SP0181 Narrative: RP IN A BLU GMC TK

02/08/2016: 16:10:43 SP0181 Narrative: CC 1 AGO HIT AND RUN, RUNNING VEH SIL TOYT L/949??? LSH SB SR 9

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|---|--|-----------------------------|
| 6 | LAST NAME SOMMERS FIRST NAME MELVIN MIDDLE INITIAL R STREET NEW ADDRESS 9625 9TH ST NE | |
| 7 | CITY LAKE STEVENS ST WA ZIP 982588585 | 1 2 31 |
| 8 | CDL RESTRICTIONS ENDORSEMENTS 2 | |
| 9 1 | DRIVER'S LICENSE # SOMMEMR370JA STATE WA SEX M D.O.B. MMDDYYYY 04 _ 01 _ 1963 | |
| 10 9 | ON DUTY STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET 2 INJURY 1 NATURE OF INJURIES | 1 2 32 |
| 11 0 0 | LICENSE PLATE # B25988Y STATE WA VIN# 1GTDT196958193859 | |
| 12 0 0 | TRAILER PLATE # STATE TRAILER PLATE # STATE | |
| 13 ⁴ 14 ⁴ 15 ² | VEH. YEAR 2005 MAKE GMC MODEL CANYO STYLE CW VEHICLE TOWED BY YES NO TOWED BY REGISTERED OWNER INFO. INSURANCE CO & POLICY # VEHICLE TOWED TOWED BY YES NO | FROM TO 9 9 33 FROM TO 7 34 |
| 16 2 | UNIT 02 MOTOR PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE | 9 36 |
| | LAST NAME UNKNOWN FIRST NAME MIDDLE INITIAL | 37 |
| 17 | STREET NEW ADDRESS. | 38 |
| 18 | CITY ST ZIP | 39 |
| 19 | CDL RESTRICTIONS ENDORSEMENTS | 40 |
| 20 | DRIVER'S LICENSE # SEX U D.O.B. MMDDYYYY | |
| 21 | ON DUTY STATUS AIRBAG 9 RESTR. 9 EJECT 9 HELMET 9 INJURY 0 NATURE OF INJURIES | |
| 22 | LICENSE PLATE # 949W? STATE WA VIN# | |
| 23 | TRAILER PLATE # STATE STATE STATE | 41 |
| 24 | VEH, YEAR MAKE UNKN MODEL UNKNOW STYLE P4 VEHICLE TOWED YES NO TOWED BY REGISTERED OWNER INFO. VEHICLE NO. 2 SHADEIN DAMAGED AREA LIABILITY INSURANCE CO & POLICY # VEHICLE VES NO TOWED BY VEHICLE TOWED TOWED BY VEHICLE TOWED TOWED BY VEHICLE NO. 2 SHADEIN DAMAGED AREA 1 9 TOP 1 9 T | 1 42 |
| 26 | OFFICER'S NAME (PRINT) K. PARNELL BADGE OR ID # 0135 PAGE 01 OF PAGE 01 OF 3 | |





CORRECTION

REPORT NO.

E514312

| CASE # | 16-26 |
|--------|-------|
| UASE # | 10-20 |

| | | | 1091912 | | 07102 11 | | | | | | | | |
|---|--|---|--|--|--|---|-----------------------------|-----------|------------------------------------|-------------------------|----------------------------------|---------------------------|----|
| NAME | | ADDI | TIONAL PERS | SONS INVOLV | /ED (PASSEN | IGERS AND | OR WITN | ESSE | S ONLY) | | | | |
| (LAST, FIRST, MIDDLE I | NITIAL) | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | SEX | | D.O.B. MMDDYYYY | _ | _ | | |
| PASSENGERV | VITNESS UNIT # | | SEAT POS. | AIRBAG | RESTR. | EJECT | HEL | MET SE | INJURY CLASS | | NATURE OF INJ | URIES | |
| NAME (LAST, FIRST, MIDDLE I | NITIAL) | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | SEX | | D.O.B. MMDDYYYY | | | | |
| PASSENGER V | VITNESS UNIT # | | SEAT POS. | AIRBAG | RESTR. | EJECT | HEL | MET SE | INJURY CLASS | | NATURE OF INJ | URIES | |
| NAME (LAST, FIRST, MIDDLE I | NITIAL) | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | SEX | | D.O.B. MMDDYYYY | _ | - | | |
| PASSENGER V | VITNESS UNIT # | | SEAT POS. | AIRBAG | RESTR. | EJECT | HEL | MET SE | INJURY CLASS | | NATURE OF INJ | URIES | |
| | | | | N | IARRATI | /E | | | | | | | |
| the Targe 2 then fle damage. was a lar | as stopped in the parking look of short on SR. The radiate ge white ma | t at a hiç 9. Veh. or was e ale with i | gh rate of 2 was de xposed a red hair w | speed. escribed and fog lig vearing h | The fron as a silv ghts wer eadphor | at of veh ver pass ve strap nes. | n. 2 im senger ped to | pace ca | cted the r with he e radiato | traile eavy r fra | er of veh front en me. The | . 1. Vel d e driver | h. |
| K. PARNELL | ICER'S SIGNATURE | | UNIT OR DIS | ST. DET | | 16 05:40 PM | 1 | PLAC | E SIGNED | | | | |
| APPROVED BY | IOLITO GIGINATORE | | ONT ON DIS | , <i>O</i> L1 | DAILD | 1 | DATE | | | , | | | |
| R. BROOKS 0013 | ! | | Γ | | | | 2/1 | U/201 | 6 6:04:48 PM | | | | |
| BADGE OR ID # | 0135 | ORI# | WA0311900 | | | TIME POLICE (| DISPATCHED | 4:10 | PM | TIME P | OLICE ARRIVED | 4:11 PM | |

REPORT NO. E514312

CASE# 16-2633

DATE AND TIME 02/08/16 16:09

